

7123193

ISSUE SLIP STAPLE AREA (for additional class references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	UB	4059	11/5
O.I.P.E. CLASSIFIER		43	11/12/99
FORMALITY REVIEW	J	71531	11-24-99

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 (Through numeral) Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	6
2	13
3	2
4	0
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Claim	Date
Final Original	
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Claim	Date
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DEPT. OF COMMERCE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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